Rental Registration Form

Please provide the applicable information below and complete the tenant registration form on the next page. Attach additional sheets if needed.

Date: _____ **Tax Parcel No.: 62-**_____ **Zoning District:** _____

1. **Type of Registration: (circle one)**

   New Registration New Owner New Tenant Change of Address, contact, etc. Registration Renewal

2. **Rental Address:** _____ _____ _____
   Number N/S/E/W Street Name

   _____ _____ _____
   City State Zip

3. **Owner(s) Names:** _____

   Mailing Address: _____
   Do NOT Give a PO Box

   Phones: Day _____ Ext: _____ Evening: _____ Ext: _____

   Emergency Phone: (if different from above) _____ Ext: _____

   Cell Phone: _____ Ext: _____ Fax: _____ Ext: _____

   Email Address: _____

4. **Property Manager Name(s)**: if different from above _____

   Mailing Address:_____
   Do Not Give a PO Box

   Phones: Day _____ Ext: _____ Evening: _____ Ext: _____

   Emergency Phone: (if different from above) _____ Ext: _____

   Cell Phone: _____ Ext: _____ Fax: _____ Ext: _____

   Email Address: _____

5. **Dwelling Unit Information**:

   Type of Dwelling: Single Family Duplex Townhouse

   (circle one) Other: _____

   (be specific)

   Year Built: _____ Number of Levels: ____ Number of Sleeping Rooms Rented: ____ Basement: Y N

   Number of Smoke Detectors: _____ Type of Smoke Detector(s): Hardwired or battery backed Interconnected per Regulation: Y N

   Number of Carbon Monoxide Alarms Installed: Battery _____ Plug-In _____ Hardwired _____

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6. **Tenant Registration**:

Does the Property Owner Reside in the Residence? Y N

Please list all unit numbers of every rental unit whether the unit was occupied or vacant during the calendar year. Provide the names of all tenants who were 18 years of age or older and who resided in that specific unit at any time during the calendar year.

Rental Unit #	**# of People in unit**	**Tenant(s) names** (18+ years old)	**Occupancy Dates**

Total occupants in all units: _____

/sm
rental registration/office
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